



CITY OF DAYTON
ONE STOP CENTER
DEPARTMENT OF BUILDING SERVICES
OFFICE OF ZONING ADMINISTRATION

371 W. 2ND STREET
DAYTON, OH 45402
Tel. (937) 333-3887
Fax (937) 333-6810

APPLICATION FOR INFORMATION, RESEARCH & DOCUMENTATION

APPLICANT INFORMATION (type or print in ink)

Contact Person(s) _____

Business Name _____

Business Address _____

City/State/Zip _____

Tele # _____ Fax # _____ Email _____

Property Address _____

LEGAL DESCRIPTION OF PROPERTY Include address, lot number(s). Applications with an inadequate legal description will be returned.

CURRENT USE OF PROPERTY Be specific about all known information regarding property.

SERVICE(S) REQUIRED/REQUESTED DESCRIPTION

- | | |
|---|-------|
| <input type="checkbox"/> Zoning district/classification letter | _____ |
| <input type="checkbox"/> Zoning rebuild letter | _____ |
| <input type="checkbox"/> Legally established use (cert. of occupancy) | _____ |
| <input type="checkbox"/> Nonconforming use research | _____ |
| <input type="checkbox"/> Microfilm information/documentation | _____ |
| <input type="checkbox"/> Preliminary commercial plan review | _____ |
| <input type="checkbox"/> Sign permit information/documentation | _____ |

FEE SCHEDULE

Under R.C.G.O. §153.32, a fee for the research and retrieval of records will be charged at a rate of **\$20 per hour** (or part thereof) for time required for information research, documentation, retrieval, and document/letter preparation. Example: A Zoning Rebuild Letter, which requires two hours in order to perform information research, documentation, retrieval and drafting of correspondence, will have a total fee of \$40.00 (2 hrs x \$20).

METHOD OF PAYMENT

Credit card payment is encouraged. Payment by check/cash is also accepted. Payment is to be made upon the applicant's receipt of desired information.

CREDIT CARD INFORMATION

TYPE OF CREDIT CARD VISA _____ MASTERCARD _____ CHECK _____
NAME OF CARDHOLDER (print as shown on card) _____
CREDIT CARD NUMBER _____
EXPIRATION DATE _____

I certify that the information provided herein is complete and accurate.

APPLICANT'S SIGNATURE _____ DATE _____

-FOR OFFICE USE ONLY-

DATE APPLICATION RECEIVED _____

DESCRIPTION OF SERVICE(S) PROVIDED _____

ZONING FEE BALANCE(S) _____ (# of hrs x \$20.00 per hr) = \$ _____

PERMIT NUMBER: MIS _____